

## Team Evaluation Summary Report and Prior Notice of Eligibility Determination: Developmental Delay

Student \_\_\_\_\_ Date of meeting \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** Developmental Delay applies to children aged 3 through 7 experiencing developmental delays as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: 1) physical development, 2) cognitive development, 3) communication development, 4) social or emotional development, 5) adaptive development.

**Assessment Information for Classification:** (All areas of suspected delay must be assessed.)

Indicate evaluation, date, and results for each area assessed.

1. Social / emotional development \_\_\_\_\_
2. Adaptive (self help) skills \_\_\_\_\_  
\_\_\_\_\_
3. Motor Development  
Gross \_\_\_\_\_  
Fine \_\_\_\_\_
4. Language Assessment  
Receptive \_\_\_\_\_  
Expressive \_\_\_\_\_
5. Cognitive Development \_\_\_\_\_
6. Vision \_\_\_\_\_
7. Hearing \_\_\_\_\_
8. Information from Parents \_\_\_\_\_

Relevant medical problems?      Yes      No      If yes, specify: \_\_\_\_\_

- Is a lack of instruction in reading or math the primary factor in determining eligibility?      ☐ Yes      ☐ No
- Is limited English proficiency the primary factor in determining eligibility?      ☐ Yes      ☐ No

### Parent Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

- ☐ This student has the educational classification of Developmental Delay, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.
- ☐ This student does **not** have the educational classification of Developmental Delay, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

\_\_\_\_\_  
Special Education Teacher Signature      Date

\_\_\_\_\_  
Parent Signature (signature acknowledges receipt of copy)      Date

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Signature      Date

\*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)
- ☐ Copy of this document mailed to parent on (date) \_\_\_\_\_

☐ Participated via telephone, video conference or other means